DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

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AFTER-CARE OF INFANTILE PARALYSIS CASES.—Three visiting nurse associations are represented in the March class being held at the Children's Hospital in Boston, under Doctor Lovett's direction, for the training of nurses and other qualified students in the after-care of infantile paralysis patients. The Philadelphia, Boston and Chicago Visiting Nurse Associations have sent nurses to take this course, in order that each may have properly equipped and qualified nurses on its staff to direct the work for their after-care cases.

The Chicago Association has also had a special course of twenty lessons for five staff nurses and the nurse in charge of the Out-Patient Department at St. Luke's Hospital, where the class was held, and it now has a special group of three nurses who are taking care of all of the cases from last summer's epidemic, requiring home supervision, instruction and nursing care. A motor car has been given the nurses of the Chicago Visiting Nurse Association, in order to decrease the distances between their calls and to assist them in getting these patients to special weekly clinics. Chicago had a comparatively small number of cases in the summer of 1916, not quite three hundred, but the Visiting Nurse Association wants to make sure that the two hundred or more cases in need of care, will receive the proper sort of attention, and it also wishes to be prepared to give better service to victims of previous attacks of the disease. It is not anxious to prepare for another epidemic, but if it should come, there will be nurses in Chicago who have had special preparation and training to handle the nursing after-care of these cases.

Nursing after-care of infantile paralysis cases brings up the whole big subject of the nursing of crippled children. The nurse who has never had good orthopedic training seldom realizes how specialized and important this sort of nursing care is, but the crippled children who receive attention at the hands of a nurse specially trained in orthopedics, and who then perhaps fall into the hands of a nurse who thinks of a crippled child as simply another surgical case, very quickly notices the difference in the treatment. Visiting nurses have always cared for crippled children in their homes when no institutional pro-

vision could be made or was needed for them, but with the exception of the Brooklyn Visiting Nurse Association, few associations seem to have thought that special training in the care of most crippled children was absolutely essential if the patients were going to get much benefit from home supervision and treatment.

CASE HISTORIES.—About 52 per cent of the patients of the Chicago Visiting Nurse Association, whose names pass through the clearing house of the Social Service Bureau, are not known to any agencies in the city other than the Visiting Nurse Association. All of the free patients are thus registered. Patients who pay the full charge for the association's services or for whom this charge is paid, are not registered unless they are in need of other than medical relief, when they are cleared in the usual manner. Occasionally visiting nurses underestimate the enormous value of registration of their cases. The Social Service Registration Clearing House is not a detective agency, its aim is not to weed out impostors; its primary service to the community is to prevent confusion of plans and over-lapping of efforts on the part of the various interested social workers, whether medical or otherwise. The detection of impostors is a very small part of its usefulness. Naturally a visiting nurse association family in need of material relief and found to be registered with no other agency in the city, is probably in straightened circumstances for the first time and needs much more thoughtful, careful planning and probably more generous and immediate relief than a visiting nurse association family registered with from four to ten other agencies. In the first case, the question naturally arises whether it is best to get this relief immediately from a private or a public agency, or to get it more slowly from relatives or friends. Busy nurses in cities where private relief agencies are well established seldom have time to secure this relief for their patients, nor is it wise that they should do so, but in referring such families to any relief agency for the first time, the nurse should emphasize the fact that to her knowledge, it is the first time relief of any sort has been needed and that the family requires pretty careful handling. If a nurse does not use registration where it exists, she may make the same mistake that many other workers make, of thinking that a family claiming never to have received relief before, never has received it, and she may find later that she has asked for relief unwisely for a family known to a good many other agencies as well as to her own. She may also, by her interference with the plans of some other agency, of whose worker the family has told her nothing, upset plans that would have been of lasting benefit to the family in question, just as other workers sometimes upset her plans for her families by neglecting to consult her before taking some radical action. We cannot expect intelligent coöpera-

tion from most of our patients and their families. Coöperation implies understanding and intelligence, and many of our families would not require our services if they were thus endowed, but surely the nurse can both expect and give coöperation when her work with families touches that of other workers. The following case histories illustrate four types of visiting nurse families. These cases happen to be handled in Chicago, but they are fairly typical of any community. In each case, use of the Registration Bureau brought out most interesting details in regard to the family circumstances.

Friedman, Allen (30 years) and Mary (22 years); 4 children, oldest 4 years, youngest 3 weeks. Mrs. Friedman was delivered at the W———Hospital three weeks before the visiting nurse received the call. A few days after leaving the hospital, a slight discharge from the baby's right eye was noticed. The case was referred to the visiting nurse by a neighbor. The baby was taken to a nearby dispensary and boric irrigations, 2 per cent solution, were ordered, every two hours. The visiting nurse saw the case twice a day for three days; the mother gave the other treatments and gave them skillfully and well. The trouble cleared up in very short order, leaving the eye absolutely unaffected. Before the case was dismissed, however, the husband was injured by falling from his team. Both legs were broken below the knees. He was taken to a hospital where he remained for two weeks, coming home then on crutches, with both legs in casts. The family was in straightened circumstances, but as Mr. Friedman carried an accident insurance policy, they received $7 a week until he was able to return to work. There was nothing for the visiting nurse to do for the husband, but the baby and one child were in a delicate condition. The case was kept on the books in order that their diet might be supervised and the mother watched. The husband and wife seemed to have many domestic difficulties, but it proved to be because the wife was a very untidy housekeeper and the man had always been used to farm life and did not seem able to adjust himself to city conditions. As he was strong, young, and willing to work, he easily obtained positions as teamster, but never held any of them very long. When he was able to return to work, the visiting nurse advised him to go to the State Employment Agency and ask about farm work outside of the city. His first inquiry met with success and within a week or two the entire family was moved to a farm in Wisconsin, where Mr. Friedman was eventually put in charge. The last report, a postcard to the visiting nurse, said that the family was on its feet and doing well and that both the baby and the other child were in very good condition. This family was not registered with any other agency in the city, with the exception of the dispensary where the baby's eyes were treated, and with the Visiting Nurse Association.

Van Shack, John (32 years, laborer, earning $12 a week) and Mary (31 years). There are three minor children: David, 6 years; Edith, 5 years; Annie, 3 years. The family lives in a six-room cottage, heavily mortgaged, but is paying no rent. The Visiting Nurse Association has registered the family twenty-two times since January, 1913, as follows:

1/24/13– 3/ 8/13	4 visits, Edith—Tonsillitis, grippe.
4/14/13– 4/23/13	5 visits, Annie—Bronchitis.
5/12/13– 6/19/13	11 visits, Edith—Cold.
1/ 6/14– 1/24/14	2 visits, Edith—Intestinal trouble. Dismissed, improved.
3/ 7/14– 3/ 7/14	1 visit, Edith—Intestinal trouble, improved.
4/18/14– 4/24/14	5 visits, Edith—Chickenpox, improved.
4/20/14– 4/24/14	4 visits, David—Chickenpox, improved
7/ 7/14– 7/ 9/14	3 visits, David—Tonsillitis, improved.
7/25/14–	3 visits, Annie—Tonsillitis, improved.
11/ 9/14–	3 visits, Annie—Tonsillitis, improved
11/30/14–	8 visits, Annie—Pneumonia, recovered.
1/25/15– 2/ 3/15	7 visits, David—Lobar pneumonia, recovered.
3/15/15– 3/23/15	7 visits, Mary—Bronchitis, recovered.
3/ 3/15– 6/11/15	5 visits, Mary—Tonsillitis, improved.
5/28/15– 6/15/15	11 visits, David—Measles, improved.
6/10/15– 6/19/15	6 visits, Annie—Pneumonia, improved.
1/ 7/16–	10 visits, Mary—Lobar pneumonia, improved.
4/15/16– 6/21/16	27 visits, Mary—Myocarditis, improved.
6/16/16– 7/24/16	8 visits, Edith—Scarlet fever, improved.
8/ 1/16– 8/ 4/16	3 visits, Annie—Nephritis, following scarlet fever, improved.
12/ 2/16–12/ 9/16	2 visits, Annie—Undiagnosed, improved.
1/15/17– 1/25/17	8 visits, Mary—Pleurisy, improved.

During the period that we have known the family, the mother has had two serious major operations, for the first of which the family went into debt more than $300. The second was performed free of charge, but as it was done in a small private hospital, three weeks' hospital care had to be met. In addition to this surgical work, we knew that the mother had bad tonsils and needed to have them removed, and three times we made arrangements to get her into a free bed but had to break the appointments because of attacks of acute tonsillitis. Finally, however, her tonsils were removed. A year ago she had pneumonia, last January she had pleurisy. We have not succeeded in getting a positive diagnosis of further pulmonary trouble, although she is considered a suspected case of tuberculosis and is being watched as such. She is also a nervous wreck, which is not to be wondered at, considering the amount of illness she, herself, has been through and the amount of illness in the family.

(*To be continued.*)